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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 156

Registered No. 283

1. PLACE OF BIRTH

County Gila

State Arizona

District or Township Miami

or Village

City Miami

St.

Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Gian Economy

{ If child is not yet named, make supplemental report, as directed.

3. Sex of Child

To be answered ONLY
in event of plural
births.

4. Twin, triplet or other

5. Legitimate?

7. Date

Month June Day 16 Year 1927

8. FATHER

Full name Gust Economy

9. Residence

(Usual place of abode)

Miami Arizona

If non-resident, give place and state.

10. Color or race

White

11. Age at last birthday 34 (Years)

12. Birthplace (city or place)

(State or country)

Athenas Greece

13. Occupation

Nature of industry

Merchant fruit

14. MOTHER

Full maiden name

Blumentina Carrillo

15. Residence

(Usual place of abode)

Miami Arizona

If non-resident, give place and state.

16. Color or race

Mexican

17. Age at last birthday 24 (Years)

18. Birthplace (city or place)

(State or country)

Tepic Nayarit

19. Occupation

Nature of industry

Domestic

20. Number of children of this mother

(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living

(b) Born alive but now dead

(c) Stillborn

21. Were precautions taken against ophthalmia neonatorum?

yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 4:15 p. m. on the date above stated

(Born alive or stillborn.)

Signature Juana Martinez

Blaypool Arizona

(Physician or midwife).

Given name added from

a supplemental report.

Address

Filed

June 20, 1927 L. E. Irwin

Registrar

Registrar

WRITE PLAINLY - READ IN ORDER - IN CASE OF MORE THAN ONE CHILD AT A BIRTH, A SEPARATE RETURN MUST BE MADE FOR EACH, AND THE NUMBER OF EACH IN ORDER OF BIRTH STATED.